

NAME Jerry McKinney
 ADDRESS 3/29/53 DATE 7-31-78

LABEL ALL PRESCRIPTIONS		QTY.	TIMES REFILL	
R ₁	PT is not allowed		0	1
SIG			2	3
			4	5

		QTY.	TIMES REFILL	
R ₁	to start - given		0	1
SIG			2	3
			4	5

		QTY.	TIMES REFILL	
R ₁			0	1
SIG			2	3
			4	5

A NAALRANDIAN

M. R. HAJMURAD
 M.D.

DUPLICATE COPY - NOT A PRESCRIPTION

NAME Jerry McKinney
 ADDRESS _____ DATE 7-22-78

LABEL ALL PRESCRIPTIONS		QTY.	TIMES REFILL	
R ₁	PT can get		0	1
SIG			2	3
			4	5

		QTY.	TIMES REFILL	
R ₁	to work a		0	1
SIG			2	3
			4	5

		QTY.	TIMES REFILL	
R ₁			0	1
SIG			2	3
			4	5

A NAALRANDIAN

M. R. HAJMURAD
 M.D.

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